County Behavioral Health Directors Association of California

Framework for Advancing Cultural, Linguistic, Racial & Ethnic Behavioral Health Equity

In County and Local Behavioral Health Services

Updated 2016

cbhda
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA

Table of Contents

Executive Summary

Behavioral health plans in California have a shared mission to provide quality services to all eligible residents leading to meaningful improvements in their lives. Counties' internal commitment and efforts to improve their capacity to serve everyone needing services with the best services possible is increasingly being matched by new federal, state, and local imperatives to eliminate disparities in the provision of behavioral health services.

The Patient Protection and Affordable Care Act (ACA), new state regulations for the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA), the Drug Medi-Cal Organized Delivery System Pilot Program, and criteria for Certified Community Behavioral Health Clinics (CCBHCs) resulting from the Protecting Access to Medicare Act, are some of the most salient new federal and state initiatives impacting county efforts to eliminate disparities and promote health equity. The ACA of 2010 includes several provisions meant to improve health equity, including ones focused on expanding access to services, collection of race/ethnicity data, tracking of disparities, and tracking of workforce diversity (Andrulis, et.al. 2010). The PEI regulations that became effective in 2015 require each PEI program to be designed, implemented, and promoted in ways that improve timely access for underserved populations (MHSA Article 7, Section 3735(a)(2)). The Drug Medi-Cal Organized Delivery System Pilot Program requires participating counties to provide culturally and linguistically competent substance use disorder services. The CCBHC criteria require CCBHCs to demonstrate cultural and linguistic competence by providing services to individuals with Limited English Proficiency, using culturally appropriate screening tools, incorporating cultural and linguistic needs in treatment planning, and conducting needs assessments that include the cultural and linguistic needs of the target consumer population and informs a staffing plan that is appropriate for meeting those needs.

Greater state and federal emphasis, scrutiny, and accountability will require county mental health and alcohol and drug departments to take their efforts towards cultural and linguistic competence, access to care, delivery of appropriate services, and the elimination of disparities, to new levels of depth, breadth, and effectiveness. The expectations for counties to be able to demonstrate significant attention to disparities and meaningful results in reducing them will require mental health plan administrators to dedicate more resources and greater attention to effective strategies for tracking and eliminating disparities. Clearly defining, elevating, and supporting the role of the Cultural Competence/Ethnic Services Manager (CC/ESM) is critical to success.

CC/ESMs work collaboratively with the highest levels of leadership to eliminate disparities and promote health/behavioral health equity. Given the scope of their responsibilities and the nature of their work, CC/ESMs require direct access to the Behavioral Health Director. CC/ESMs advocate and take a leadership role in the development and implementation of policies, programs, practices and services that address the cultural and linguistic needs of all communities in their county.

The *Framework for Advancing Cultural, Linguistic, Racial and Ethnic Behavioral Health Equity (The Framework)* is offered to local mental health and behavioral health departments to assist in the delivery of quality mental health and substance use disorder services that meet the needs of all Californians. It provides county behavioral health administrators and staff and their community partners a best

practices framework for improving system performance, as well as concrete guidance for establishing and supporting Cultural Competence/Ethnic Services Managers in county behavioral health programs.

The Framework contains the following sections:

- guiding principles for developing culturally competent services
- areas of responsibility for CC/ESMs
- an implementation checklist to help establish a baseline and guide improvement efforts
- an appendix with supporting material including pertinent legal mandates and additional resources and reference material

The implementation checklist is offered as a mechanism for putting the recommendations contained in *The Framework* into practice. Completing the checklist initially to assess current practice will establish a baseline. As recommendations contained in this document are implemented, the checklist can be used for regular periodic re-assessment to track improvement.

Throughout the text there are recommendations related to the culturally competent practice of our systems of care. The needs of small, medium, and large counties can vary considerably. Each county will need to collaborate with members of its communities to assess their current needs, strengths, and available resources. The vision and recommendations contained in *The Framework* are intended to assist county behavioral health plans to address those needs as effectively as possible in accordance with regulatory requirements and available resources and capacities, as well as to inform their efforts to dedicate additional resources and improve capacity.

Introduction and Background

The *Framework for Advancing Cultural, Linguistic, Racial and Ethnic Behavioral Health Equity (The Framework)* is offered to local mental health and behavioral health departments to assist in the creation and delivery of quality mental health and substance use disorder services that meet the needs of all Californians. Eliminating disparities is a critical area of focus for behavioral health leaders seeking to develop services that are responsive to the whole-person and whole-health needs of the individuals, families, and communities they aim to serve. In order to aspire to the goals of the Triple Aim for health reform (better health, better care, lower cost), county Behavioral Health Plans must foster innovations in culturally-responsive and relevant care. Counties face growing federal, state, and local imperatives to eliminate disparities and promote health equity in the provision of behavioral health services. Greater scrutiny and accountability will require county behavioral health departments to take their efforts towards cultural and linguistic competence, delivery of appropriate services, and the elimination of disparities to new levels of depth, breadth, and effectiveness.

Historical Background of the Framework

In 1988 the Minority Services Coordinators (MSCs) developed the California Minority Services Coordinators mission, platform and general duty statement which were approved by the California Conference of Local Mental Health Directors (CCLMHD) in 1989. In the 1990s, the title of the position changed from Minority Services Coordinators to Ethnic Services Managers (ESMs). The content of the document created in 1989 has endured with minor modifications over the years.

In 2005, sixteen years later, ESMs embarked on a project to update the document to more accurately reflect the changes that had occurred in California and address concerns regarding the disparities in mental health care for cultural, linguistic, racial and ethnic groups. The new *Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities* addressed the needs of diverse populations across the life span and outlined the responsibilities of county ESMs in relation to those needs. In order to more accurately reflect the breadth of responsibility, the title of Ethnic Services Manager was augmented and retitled as Cultural Competence/Ethnic Services Manager (CC/ESM).

Ten years later, the behavioral health landscape has continued to change so significantly that it was imperative to develop a new update to *The Framework*. The 2016 update seeks to address changes in the provision of mental health and substance use disorder services that have resulted from various initiatives including, but not limited to: passage and implementation of the Mental Health Services Act (MHSA) and regulations for the Prevention and Early Intervention component of the MHSA, roll out of the Affordable Care Act, greater integration of mental health and substance use disorder services, and integration of behavioral health and primary care. The 2016 update to *The Framework* also seeks to incorporate changes in approaches to the delivery of culturally-competent services informed by the updated *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)*, the new U.S. Department of Health and Human Services *Data Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status*(HHS Data Standards), and the California Reducing Disparities Project *Strategic Plan*.

As the field of cultural competence evolves, this document must remain flexible and able to respond to changing contexts and new challenges and to incorporate new and/or more sophisticated perspectives and strategies. We are looking forward to collaborating with our stakeholders to keep *The Framework* timely, relevant, and useful.

Framework Context

Cultural competence work in mental health has its historical roots in the identification of and response to service inequities and health disparities differentially experienced by racial and ethnic communities (Cross et al., 1989). Contemporary analyses continue to show that some of California's racial, ethnic, and cultural communities are unserved, underserved, and inappropriately served, and experience greater barriers to access services when compared to other groups (California Reducing Disparities Project Strategic Plan).

While culturally competent service delivery systems will continue to have primary goals around ongoing elimination of inequities for specific racial, ethnic, and cultural communities, culturally competent systems must be sufficiently flexible in order to promote improved quality and effectiveness of services for all community members including, but not limited to, those with Limited English Proficiency, individuals with disabilities, Lesbian/Gay/Bisexual/Transgender/Queer (LGBTQ) individuals, and members of rural and faith communities. California's county behavioral health systems need to accurately assess the cultural and linguistic needs of their diverse constituencies and prioritize and provide services that are responsive to those needs (CLAS Standards 1 and 12 [see Appendix II]).

The changing policy and regulatory context for the provision of mental health and substance use disorder services impacts how mental health and substance use disorder programs address cultural and linguistic competence and the elimination of disparities. The Patient Protection and Affordable Care Act (ACA), new state regulations for the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA), the Drug Medi-Cal Organized Delivery System Waiver, and the criteria for Certified Community Behavioral Health Clinics (CCBHCs) resulting from the Protecting Access to Medicare Act, are some of the most salient new federal and state initiatives impacting county efforts to eliminate disparities and promote health equity.

The ACA of 2010 includes several provisions meant to improve health equity, including ones focused on expanding access to services, collection of race/ethnicity data, tracking of disparities, and tracking of workforce diversity (Andrulis, et.al. 2010). Expanded access to Medi-Cal in California has resulted in a significant proportion of new enrollees coming from ethnic and racially diverse communities. California Department of Health Care Services (DHCS) data in the first quarter of 2015 indicate that 49% of new applicants specified a race other than white, 55% reported their ethnicity as Hispanic, and 31% reported a primary spoken language other than English (28% Spanish) (DHCS and Covered California Eligibility and Enrollment Report for January through March 2015). County mental health and substance use disorder programs will need to be ready to address the needs of these newly eligible populations.

The PEI regulations that became effective in 2015 require each PEI program to be designed, implemented, and promoted in ways that improve timely access for underserved populations (MHSA

Article 7, Section 3735(a)(2)). The regulations specify that services shall be provided in settings that are accessible, acceptable, and culturally appropriate and that PEI programs increase the extent to which underserved populations receive services through program features such as cultural and language appropriateness.

The Drug Medi-Cal Organized Delivery System Pilot Program requires providers in counties that opt-in to provide culturally and linguistically competent substance use disorder services. Each county must ensure that all required services covered under the pilot are available and accessible to enrollees. Access is a key evaluation area for this program. Once the pilot program is complete, it is expected that permanent changes to the drug Medi-Cal program will result.

The CCBHC certification criteria developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) require CCBHCs to demonstrate cultural and linguistic competence by providing services to individuals with Limited English Proficiency, using culturally appropriate screening tools, incorporate cultural and linguistic needs in treatment planning, and conducting needs assessments that include the cultural and linguistic needs of the target consumer population and results in a staffing plan that is appropriate for meeting those needs. County-operated providers and contract providers that seek to become certified CCBHCs will have to implement continuous quality improvement projects that demonstrate improvement in performance.

Clearly defining, elevating, and supporting the role of the Cultural Competence/Ethnic Services Manager is critical to success in tracking and addressing the requirements resulting from these and future regulatory and policy changes. CC/ESMs work collaboratively with the highest levels of leadership to eliminate disparities and promote health/behavioral health equity. Given the scope of their responsibilities and the nature of their work, CC/ESMs require direct access to the Behavioral Health Director. CC/ESMs advocate and take a leadership role in the development and implementation of policies, programs, practices and services that address the cultural and linguistic needs of all communities in their county. They build partnerships with local community members and organizations (e.g., faith-based and community support organizations) and learn about local resources and needs. As such, CC/ESMs are leaders within their county behavioral health plan in understanding federal, state, and county requirements, community assets and needs, and strategies for effectively meeting those requirements and needs.

Counties that have effective approaches to cultural and linguistic competence and reducing disparities will have measurable success in meeting the needs of their diverse service populations. They can expect to obtain better outcomes and reduce the negative impacts of untreated mental illness and substance use disorders on local communities.

Framework Content

The Framework provides county behavioral health administrators and staff and their community partners a best practices framework for improving system performance as well as concrete guidance for establishing and supporting effective Cultural Competence/Ethnic Services Managers in county mental health and behavioral health programs.

CC/ESMs are typically charged with two core areas of responsibility. These areas are:

- to ensure the delivery of appropriate quality services to vulnerable racial, ethnic, and cultural communities across California
- to ensure that county behavioral health systems are culturally and linguistically competent and responsive in the delivery of behavioral health services

The Framework contains sections outlining guiding principles for developing culturally competent services, areas of responsibility for CC/ESMs, an implementation checklist to help establish a baseline and guide improvement efforts, information on pertinent legal mandates, and additional resources and reference material.

The implementation checklist is meant to be used as a mechanism for putting the recommendations contained in *The Framework* into practice. County agencies complete the checklist to assess current practice, establish a baseline, and guide improvement efforts. As counties implement recommendations contained in this document, using the checklist for regular periodic re-assessment will help track system improvement.

Throughout the body of the text there are many recommendations related to the culturally competent practice of our systems of care. The needs of small, medium, and large counties can vary considerably. *The Framework* should not be read as a platform of minimum standards. Each county will need to assess the current needs of its communities and apply the recommendations contained herein taking into account available resources and capacities.

Undoubtedly, the continued growth of culturally and linguistically competent services will be challenging. Among other available resources, we urge each county to utilize the expertise of its CC/ESM to aid, guide, and nurture culturally appropriate care. In addition, the Cultural Competency, Equity, and Social Justice Committee (CCESJC) of the County Behavioral Health Directors Association of California (CBHDA) remains available to assist and consult on matters related to the application of *The Framework* and its recommendations.

Guiding Principles for the Development of Culturally Competent Services

The following guiding· principles have been developed as a tool for counties in creating a culturally and linguistically sensitive system of care. They are intended to clarify the activities required in the implementation and oversight of this task. They are organized using categories informed by the structure of the last released cultural competence plan requirements and include references to applicable statutes, regulations, and CLAS standards.

These activities should be the responsibility of the county as a whole. Each county should determine how to best meet the responsibilities taking into consideration county size and resources available. Larger counties might have a full time CC/ESM and a department dedicated to assisting the county in meeting these responsibilities, while smaller counties might have a CC/ESM with multiple job duties requiring shared responsibilities across the whole county administrative team.

Commitment to Cultural Competence and Health Equity

1. Address cultural competence at all levels of the system including policy, programs, operations, treatment, research and investigation, training, and quality improvement (CLAS standard 1).
2. Demonstrate commitment to cultural and linguistic competence in all agency policy and practice documents including the mission statement, statement of values, strategic plans, and policy and procedure manuals (CLAS standard 2).
3. Demonstrate commitment to cultural competence in behavioral health strategic planning and budgeting. Include allocations in annual budgets for cultural competence activities (CLAS standard 2).
4. Establish the Cultural Competence/Ethnic Services Manager as a member of the leadership team of the organization and task them to provide oversight of cultural and linguistic competence activities and functions (CLAS standard 3).
5. Establish identifiable goals, objectives, procedures, and functions for system-wide and regional operations that are designed to enhance and monitor cultural and linguistic competence (CLAS standard 9).

Identification of Disparities and Assessment of Needs and Assets

6. Collect, compile, and analyze population statistics across language, ethnicity, age, gender, sexual orientation, socio-economic status markers, etc., and catchment area, and compare them to County Client Services Information data across same statistical areas (CLAS standard 11).
7. Assess and regularly monitor behavioral health disparities for cultural, racial and ethnic populations throughout the system of care, including, but not limited to access, outreach, engagement, retention, and outcome data across and within (disaggregated) cultural, ethnic, linguistic, and regional communities served (WIC 5880(b)(6), CCR Title 9 Section 1810.410(c)(2)).
8. Evaluate needs, strengths, and assets within the cultural, ethnic, linguistic communities served (CLAS standard 12).

9. Collaborate with other system partners with racial, ethnic, and cultural populations experiencing disparities (education, criminal justice, child welfare, public health, health care) to identify the intersection of disproportionality in these systems and behavioral health.

Implementation of Strategies to Reduce Identified Disparities

10. Develop, implement, and monitor strategies for elimination of identified disparities (including upstream approaches that address the social determinants of health) and track impact of those strategies on the disparities.
11. Utilize a quality improvement framework to monitor and evaluate Cultural Competence Plans and disparity elimination activities, and share improvement targets and progress with stakeholders (CLAS standard 10).
12. Support evaluation, research and investigation of culturally and linguistically competent community-defined and evidence-based practices.

Community Driven Care

13. Establish and implement a transparent and inclusive process for obtaining client, community, and staff input related to cultural competence planning, implementation, monitoring and evaluation.
14. Include cultural, racial, and ethnic populations as active partners in all aspects of the services they are receiving, including outreach and engagement, assessment, plan development, and treatment (CLAS standard 13).
15. Develop formal and informal relationships with community members, community organizations, and other partners to maximize the delivery of effective culturally, ethnically and linguistically appropriate care, and monitor the outcomes of these partnerships (CLAS standard 13).

Workforce Development

16. Establish workforce recruitment strategies that ensure adequate levels of consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support, and professional staff, reflective of the diversity of the populations served. Emphasize professional development opportunities, self-care strategies to address stress and micro-aggressions, and other retention efforts. Develop corrective measures to address severe shortages impacting ability to serve county populations (WIC 4341, CLAS standard 3).
17. Provide ongoing cultural competence and quality improvement training to consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support, and professional personnel in order to effectively address the needs of cultural, racial and ethnic populations, including linguistic capability (CCR Title 9 Section 1810.410 (c)(4), CLAS standard 4).

Provision of Culturally and Linguistically Appropriate Services

18. Ensure access to culturally and linguistically appropriate services (treatment interventions, engagement strategies, outreach services, assessment approaches, community-defined practices) for all diverse populations by making them: available, accessible, acceptable, and accommodating, and sensitive to historical, cultural, and religious experiences and values of diverse populations, inclusive of gender roles, sexual orientation, generational differences, etc. (CLAS Standard 1).
19. Make available behavioral health services that are responsive to the numerous stressors and social determinants of health experienced by cultural, racial and ethnic populations which have a negative impact on the emotional and psychological state of individuals.
20. Include the family as a natural resource, as appropriate, when working with individuals experiencing emotional difficulties from cultural, racial and ethnic populations.
21. Incorporate client spirituality and partnerships with faith-based communities, as appropriate, in the provision of culturally-competent prevention, early intervention, and recovery services.
22. Partner with community entities trusted and accepted in the community, as appropriate, to provide services in less stigmatizing settings (primary care, faith-based organizations, community organizations, etc.).

Cultural Competence/Ethnic Services Manager Areas of Responsibility

The Cultural Competence/Ethnic Services Manager (CC/ESM) promotes and monitors quality and equitable care as it relates to diverse racial, ethnic, and cultural populations served by both county-operated and contracted behavioral health programs.

County CC/ESMs are key members of the executive leadership team with a sustained and meaningful role in helping shape the county service delivery system in a way that advances health equity and cultural responsiveness. The Behavioral Health Director recognizes the essential role and function of the CC/ESM within the organization and allocates sufficient time and resources for the performance of job responsibilities and duties. It is highly recommended that the county CC/ESM is a manager that reports to, and has direct access to, the Behavioral Health Director regarding issues impacting the behavioral health of diverse racial, ethnic, and cultural populations within the county. Especially at a time when there is greater federal and state emphasis (as discussed earlier) on health disparities and county accountability (from ACA, Drug Medi-Cal ODS waiver, etc.), CC/ESMs provide critical leadership and valuable expertise to their agency. There are very few issues in county administration that do not directly or indirectly impact the behavioral health of diverse racial, ethnic, and cultural populations.

The importance of the CC/ESM position necessitates individuals with a level of expertise and professionalism that leads to results – better services and outcomes for diverse racial, ethnic and cultural populations experiencing health disparities. One approach to achieving this level of expertise and professionalism is to build on the strengths of existing staff members in the CC/ESM role, address barriers, and enhance their capacity to be effective. Another approach consists of careful selection of new staff to fill the role.

The recommended qualifications for new staff members serving as the CC/ESM include the following:

- professional education (meeting county manager level requirements) in relevant fields like sociology, psychology, public health, healthcare administration
- training and/or experience in areas pertaining to equity, community engagement, and program and staff management
- a proven track record of demonstrating understanding and application of cultural humility, awareness, and competence
- knowledge of best practices for tracking and addressing disparities
- demonstrated capacity to interact with individuals from various diverse communities with respect and commitment
- demonstrated understanding of the impact of differing world views on the experience of mental health and substance use disorders, help-seeking behaviors, and the conceptualization of what is appropriate care
- demonstrated understanding of key drivers of system change and an ability to effectuate organizational change

- demonstrated ability to effectively identify and collaborate with diverse community-focused service and civic organizations including faith communities, youth and senior organizations, business owners, social service providers

The scope of CC/ESM duties varies by county due to county size and available resources. Some CC/ESMs have multiple overlapping job responsibilities and may need the support of other staff members who take shared ownership of these responsibilities.

In all counties, the CC/ESM is an essential resource for helping the county to meet a growing number of local, state and federal cultural competence requirements. CC/ESMs regularly review service utilization data, actively participate in local behavioral health planning and projects that respond to the needs of the county's diverse racial, ethnic, and cultural populations, and review and comment on numerous major State policy and legislative proposals that would impact those populations.

Since counties are increasingly being held accountable for performance, CC/ESMs offer much more to the county than just being the designated person to complete any required paperwork related to cultural competence.

Counties should designate the following responsibilities to the CC/Ethnic Services Manager and designated staff members (in small counties these duties are often divided among administrative team members while in large counties they may be shared among a team led by the CC/ESM):

- Participating as an official member of the local behavioral health management/ leadership team that makes program and procedure policy recommendations to the behavioral health director.
- Participating and providing advice in planning, policy, compliance, and evaluation components of the county system of care and making recommendations to county directors that assure access to services for ethnically and culturally diverse groups.
- Promoting the development of responsive behavioral health services that will meet the diverse needs of the county's racial, cultural, and ethnic populations. This includes, but is not limited to, reviewing local proposals to augment or decrease services to the local community, participating in various behavioral health advisory groups/task forces, facilitating educational training to organizational units within and outside the local behavioral health department.
- Participating in the development of planning documents, contracts, proposals, and grant applications which would form the foundation of the county's delivery of behavioral health services to ethnic, cultural, and linguistic minorities, e.g., annual county behavioral health plan and advisory council proposals.
- Participating in the development and implementation of local policies and procedures that would potentially impact services for racially, ethnically, and culturally diverse consumers.
- Reviewing and providing feedback to the county Director on materials generated at the State and local levels, including, but not limited to, proposed legislation, State plans, policies, and other documents
- Monitoring of county and service contractors to verify that the delivery of services is in accordance with local and State mandates as they affect underserved populations.

- Identification of local and regional cultural behavioral health needs of ethnically and culturally diverse populations as they impact county systems of care and making recommendations to local behavioral health directors, CBHDA, and the State Department of Health Care Services.
- Working with the County's Quality Improvement team (or equivalent), tracking penetration and retention rates and outcomes data for racially, ethnically and culturally diverse populations, and developing strategies to eliminate disparities.
- Participating in the cultivation and maintenance of relationships with cultural, racial, ethnic community leaders and cultural-specific community organizations to promote an array of behavioral health programs and activities that are specific to underserved populations.
- Maintaining an active advocacy, consultative, and supportive relationship with consumer and family organizations, local planning boards, advisory groups and task forces, the State, and other behavioral health advocates.
- Working with the county's Human Resources office to help ensure that the workforce is ethnically, culturally and linguistically diverse. Assisting the Equal Employment Opportunity Office to ensure the recruitment, retention, and upward mobility of staff.
- Assisting in the development of system-wide training that addresses enhancement of workforce development and addressing the training necessary to improve quality of care for all communities and reduce behavioral health disparities.
- Lead responsibility for the development and implementation of cultural competence planning within the organization.
- Attending trainings that inform, educate, and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the behavioral health system.
- Attending meetings as required by the position including, but not limited to CBHDA CCESJC, Full Association, and other committee meetings, regional ESM regular meetings, various State meetings, meetings convened by various advisory bodies, and other meetings as appropriate.

Implementation Checklist

The Framework Implementation Checklist offers County Behavioral Health Directors and their Cultural Competence/Ethnic Services Managers a tool to evaluate their progress toward achieving the elements of the *Framework for Advancing Cultural, Linguistic, Racial, & Ethnic Behavioral Health Equity*. In and of itself, the Implementation Checklist does not propose any standard or expectation. Instead, it reflects those standards and expectations endorsed by CBHDA and memorialized in the current version of the Framework Document in the Guiding Principles section.

The Implementation Checklist follows the structure of the Guiding Principles section for organizing standards under six broad categories:

- Commitment to Cultural Competence and Health Equity
- Identification of Disparities and Assessment of Needs and Assets
- Implementation of Strategies to Reduce Identified Disparities
- Community Driven Care
- Workforce Development
- Provision of Culturally and Linguistically Appropriate Services

This categorization is informed by the organization of the last released cultural competence plan requirements and is intended to assist Directors and CC/ESMs as they evaluate their Cultural Competence work plans. Statutes, regulations, and the CLAS standards are infused in checklist items - refer to the Guiding Principles section to see specific references.

The implementation checklist is offered as a mechanism for putting the recommendations contained in *The Framework* into practice. Completing the checklist initially to assess current practice will establish a baseline. As recommendations contained in this document are implemented, the checklist can be used for regular periodic re-assessment to track improvement.

Like the Framework Document, the Implementation Checklist should be considered a flexible guide. It is understood that counties will vary in terms of the communities served and the available resources to serve those communities at any given time. Individual Directors and their CC/ESMs should use the Implementation Checklist both to evaluate their "locally responsive" cultural competence work plan and to assist in the identification of new areas of focus to be included in subsequent iterations of the county's work plan.

Framework for Advancing Cultural, Linguistic, Racial & Ethnic Behavioral Health Equity

County Behavioral Health Service Implementation Checklist

Commitment to Cultural Competence and Health Equity

☐____Local County Behavioral Health Service (CBHS) explicitly addresses cultural competence at all levels of the system including: policy, programs, operations, treatment, research and investigation, training, and quality improvement (CLAS Standard 1).

☐____Local CBHS reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, statement of values, strategic plans, and policies and procedures manuals (CLAS Standard 2).

☐____Local CBHS includes allocations in annual budgets for cultural competence activities (CLAS Standard 2).

☐____The Cultural Competence/Ethnic Services Manager is defined as part of the CBHS leadership team and is tasked with oversight of cultural and linguistic competence activities (CLAS Standard 3).

☐____System-wide and regional operations of the CBHS are grounded in identifiable goals, objectives, procedures and functions that are designed to enhance and monitor cultural and linguistic competence (CLAS Standard 9).

Identification of disparities and assessment of needs:

☐____Local CBHS collects, compiles, and analyzes population statistics across language, ethnicity, age, gender, sexual orientation, socio-economic status markers, etc., and catchment area, and compares them to County Client Services Information data across same statistical areas (CLAS Standard 11).

☐____Local CBHS assesses and regularly monitors access, outreach, engagement, retention and outcome data across and within (disaggregated) cultural, ethnic, linguistic and regional communities served.

☐____Local CBHS evaluates needs, strengths, and assets within the cultural, ethnic, linguistic and regional communities served (CLAS Standard 12).

Instructions:

☐ Check if T/A is necessary to advance in this area

___ Fill-in subjective estimate or percentage of this area completed

☐____Local CBHS collaborates with other system partners (education, criminal justice, child welfare, public health, health care) to identify the intersection of disproportionality in these systems and behavioral health.

Implementation of Strategies to Reduce Identified Disparities:

☐____Local CBHS develops, implements, and monitors strategies (including upstream approaches that address the social determinants of health) for the elimination of identified disparities and tracks the impact of those strategies on the disparities.

☐____A quality improvement framework is utilized to monitor the Cultural Competence Plan and disparity elimination activities; targets and progress are shared with stakeholders (CLAS Standard 10).

☐____The local CBHS supports evaluation, research and investigation of culturally and linguistically competent community-defined and evidence-based practices.

Community Driven Care:

☐____Local CBHS has established and implements a transparent and inclusive process for obtaining client, family, community and staff input related to cultural and linguistic competence planning, implementation, monitoring and evaluation.

☐____Cultural, racial, ethnic and linguistic populations served by the CBHS participate as active partners in all aspects of the service delivery operation (CLAS Standard 13).

☐____Local CBHS develops formal and informal relationships with community members, organizations, and other partners to maximize the delivery and effective outcome of culturally, ethnically and linguistically appropriate care, and monitors the outcome of these partnerships (CLAS Standard 13).

Workforce Development:

☐____Consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support, and professional staff members employed by the local CBHS reflect the diversity present in the county population and clients served (CLAS Standard 3).

☐____The local CBHS employs human resource strategies designed to retain and advance a culturally and linguistically diverse workforce, including professional development opportunities, self-care strategies to address stress and micro-aggressions, and other retention efforts. Corrective

Instructions:

☐ Check if T/A is necessary to advance in this area

___ Fill-in subjective estimate or percentage of this area completed

measures are put in place to address severe shortages impacting ability to serve county populations (CLAS Standard 3).

☐____Local CBHS focuses ongoing training and quality improvement initiatives on issues related to cultural and linguistic competence for consumer/peer (persons with lived experience), community (navigators, community health workers), administrative, support, and professional staff members (CLAS Standard 4).

Provision of Culturally and Linguistically Appropriate Services:

☐____Local CBHS designs and evaluates service delivery to promote access and engagement of cultural and linguistic communities served, employing assessment and treatment protocols that are appropriate and sensitive to historical, cultural and spiritual experiences (CLAS Standard 1).

☐____Local CBHS is responsive to the variety of stressors and social determinants of health that may have differential and deleterious impacts on the emotional and psychological state of individuals from cultural, linguistic, racial and ethnic communities served.

☐____Local CBHS includes the family as a natural resource, as appropriate, when working with individuals experiencing emotional difficulties from cultural, racial and ethnic populations.

☐____Local CBHS incorporates client spirituality and partnerships with faith-based communities, as appropriate, in the provision of culturally-competent prevention, early intervention, and recovery services.

☐____Local CBHS partners with community entities trusted and accepted in the community, as appropriate, to provide services in less stigmatizing settings (primary care, faith-based organizations, community organizations, etc.).

Instructions:

☐ Check if T/A is necessary to advance in this area

___ Fill-in subjective estimate or percentage of this area completed

Appendix I: Legal Mandates

Federal Statutes

Civil Rights Act, 1964: U.S. Code Sec. 2000 -d. (Code of Federal Regulations, Part 21: the std. Title VI): "No person in the United States shall on the grounds of race, color, or national origin be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Executive Order 13166, 2000: Limited English Proficiency. "Each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal Agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries."

State Statutes

Welfare & Institutions Codes (WIC) 14684(h): "Each plan shall provide for the culturally competent and age-appropriate services, to the extent feasible. The plan shall assess the cultural competence needs of the program. The plans shall include a process to accommodate the significant needs with reasonable timelines. The department shall provide demographic data and technical assistance. Performance outcome measures shall include a reliable method of measuring and reporting the extent to which services are culturally competent and age appropriate."

Welfare & Institutions Codes (WIC) section 4341: "Specific attention shall be given to ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective services to the diverse population of the state."

Welfare & Institutions Code (WIC) Section 5600.2: "To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are beneficiary-centered, culturally competent, and fully accountable to factors noted in WIC 5600.2(g)."

Welfare & Institutions Code (WIC) Section 5600.9(a): "Services to the target populations described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs."

Welfare & Institutions Code (WIC) 5802(a)(4): "Systems of Care services which ensure culturally competent care for persons with severe mental illness in the most appropriate, least restrictive level of care are necessary to achieve the desired performance outcomes."

Welfare & Institutions Code (WIC) 5865(b): "A method to screen and identify children in the target population…including persons from ethnic minority cultures which may require outreach identification. (e) "A defined mechanism to ensure that services are culturally competent."

Welfare & Institutions Code (WIC) 5880: "For each selected county the State Department of Health Care Services shall define and establish client and cost outcome and other system performance goals, and negotiate the expected levels of attainment for each year of participation. Expected levels of attainment shall include a breakdown by ethnic origin and shall be identified by a county in its proposal. These goals shall include, but not be limited to … (b) System development and operation measures, as follows: … (6) To provide culturally competent programs that recognize and address unique needs of ethnic populations in relation to equal access, program design and operation, and program evaluation."

CA Code of Regulations, Title 9, Section 1704: "Culturally Competent Services means a set of congruent behaviors, attitudes and policies in a system or agency to enable effective service provision in cross-cultural settings."

CA Code of Regulations, Title 9, Section 1810.310 (a)(2)(A-B): Implementation Plan. This section discusses how an MHP must submit an Implementation Plan with a description of the process for screening, referral and coordination with other necessary services and "Outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP."

CA Code of Regulations, Title 9, Section 1810.410 (a-e), Cultural and Linguistic Requirements. This section provides an in-depth listing of cultural and linguistic requirements, including requirements to have a Cultural Competence Plan, required components of the plan, and language access requirements. "(c) Each MHP shall develop and implement a Cultural Competence Plan that includes the following components: (1) Objectives and strategies for improving the MHP's cultural competence based on the assessments required in Subsection (c)(2) and the MHP's performance on the standards in Subsection (d). (2) A population assessment and an organizational and service provider assessment focusing on issues of cultural competence and linguistic capability. (3) A listing of specialty mental health services and other MHP services available for beneficiaries in their primary language by location of the services, pursuant to Section 1810.360 (f)(1). (4) A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing specialty mental health services employed by or contracting with the MHP or with contractors of the MHP, and the persons employed by or contracting with the MHP or with contractors of the MHP to provide interpreter or other support services to beneficiaries."

CA Code of Regulations, Title 9, Section 3200.100: Cultural Competence. This section provides a definition of "Cultural Competence" and identifies nine goals to incorporate in all aspects of policy-making, program design, administration and service delivery. "The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals."

CA Code of Regulations, Title 9, Section 3200.300: "'Underserved' means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving

some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

CA Code of Regulations, Title 9, Section 3610 (b)(1): General Community Services and Supports. "The County shall conduct outreach to provide equal opportunities for peers who share the diverse race/ethnic, cultural, and linguistic characteristics of the individuals/ clients served."

CA Government Code, Section 7293: "Every local public agency, as defined in Section 54951, serving a substantial number of non-English-speaking people, shall employ a sufficient number of qualified bilingual persons in public contact positions or as interpreters to assist those in such positions, to ensure provision of information and services in the language of the non-English-speaking person. The determination of what constitutes a substantial number of non-English-speaking people and a sufficient number of qualified bilingual persons shall be made by the local agency."

CA Government Code, Section 7295: "Any materials explaining services available shall be translated into any non-English language spoken by a substantial number of the public served by the agency. Whenever notice of the availability of materials explaining services available is given, orally or in writing, it shall be given in English and in the non-English language into which any materials have been translated. The determination of when these materials are necessary when dealing with local agencies shall be left to the discretion of the local agency."

CA Government Code, 7296.2: "As used in Sections 7292, 7295.2, 7295.4, 7299.3, and 7299.4, a substantial number of non-English speaking people are members of a group who either do not speak English, or who are unable to effectively communicate in English because it is not their native language, and who comprise 5 % or more of the people served by any local office or facility of a state agency."

Appendix II: National CLAS Standards (Enhanced)

National Culturally and Linguistically Appropriate Services (CLAS) Standards, from the Office of Minority Health, U.S. Department of Health & Human Services:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Appendix III: Definition of Common Terms

cultural competence - means incorporating and working to achieve each of the goals listed into all aspects of policy-making, program design, administration and service delivery:

- Equal access to services of equal quality is provided without disparities among racial/ethnic, cultural, and linguistic populations or communities
- Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations
- Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities
- An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery
- An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery
- Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community
- Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve
- Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community (CA Code of Regulations, Title 9, Section 3200.100)

health disparities - differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes (Centers for Disease Control and Prevention, CDC health disparities and inequalities report - United States, 2011)

health equity - health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities (Healthy People 2020)

linguistic competence - organizations and individuals working within the system are able to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including individuals with Limited English Proficiency; individuals who have few literacy skills or are not literate; and individuals with disabilities that impair communication. It also means that structures, policies, procedures and dedicated resources are in place that enable organizations and

individuals to effectively respond to the literacy needs of the populations being served (CA Code of Regulations, Title 9, Section 3200.210)

social determinants of health - conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People 2020)

underserved - clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services (CA Code of Regulations, Title 9, Section 3200.300)

unserved - those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved (CA Code of Regulations, Title 9, Section 3200.310)

Appendix IV: Annotated Selected Resources and References

California Resources and References

- Full Service Partnerships Cultural Relevance Tool Kits
  http://www.cibhs.org/introduction/fsp-tool-kits
  - These Tool Kits focus on the principles of cultural relevance which is core to the vision of MHSA. They present guidelines and practical tools to assist counties and providers in improving the quality of and access to care for unserved, underserved, and inappropriately served ethnic and cultural groups.

- Essential Ingredients to a Successful Stakeholder Process Grounded in Integrity
  http://mhsoac.ca.gov/Meetings/docs/Meetings/2011/Apr/CLCC_042011_Tab3_EssentialIngredientsSuccessfulStakeholderProcess.pdf
  - The Social Justice Advisory (SJAC) Committee of the former California Mental Health Directors Association (CMHDA) developed a set of recommended ingredients that should be present in the creation and delivery of services to those with behavioral health needs which will support a system of care that is based in the values of individuals, families and communities

- California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities and Population Reports
  http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhaseI.aspx
  - Statewide initiative begun in 2010 to improve access, quality of care, and outcomes for racial, ethnic, and cultural communities. Population reports provide critical information on five targeted populations: African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, and Questioning; and Native American. The Strategic Plan provides a synthesis of the population reports, a vision for reducing mental health disparities, a roadmap to transforming the public mental health system into one that better meets the needs of all Californians, and key strategies to achieve the vision
- Portrait of a Promise: The California Statewide Plan to Promote Health and Mental Health Equity
  https://www.cdph.ca.gov/programs/Documents/CDPH_OHE_Disparity_Report_Final_Jun17_LowRes.pdf
  - The Office of Health equity at the California Department of Public Health released this plan with the intention to illuminate the scope of health disparities in California, provides a brief summary of the most pervasive social determinants of health, and offers examples of programs and strategies that are making a difference.

- Each Mind Matters Program and Resource Catalogue
  http://catalogue.eachmindmatters.org/search-results/
  - This catalogue contains some anti-stigma materials tailored to particular ethnic, linguistic, and cultural communities. Search the catalogue to find resources you can use for your community.

National Resources and References

- Guidance Memorandum- Title VI Prohibition against National Origin Discrimination--Persons with limited English Proficiency
  http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html
  - The purpose of this policy guidance is to assist recipients in fulfilling their responsibilities to provide meaningful access to LEP persons under existing law. This policy guidance clarifies existing legal requirements for LEP persons by providing a description of the factors recipients should consider in fulfilling their responsibilities to LEP persons. These are the same criteria HHS will use in evaluating whether recipients are in compliance with Title VI and the Title VI regulations.

- Surgeon General Report- Mental Health: Culture, Race. and Ethnicity-
  http://www.ncbi.nlm.nih.gov/books/NBK44243/
  - This 2001 Supplement to *Mental Health: A Report of the Surgeon General* (U.S. Department of Health and Human Services [DHHS], 1999) documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. Racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they receive care, it is more likely to be poor in quality.

- President's Freedom Commission on Mental Health-Achieving the Promise: Transforming Mental Health Care in America
  http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/downloads.html

  - This Commission was directed to study the problems and gaps in the mental health system and make concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as public and private health care providers, can implement. The Commission's 2003 report identified six goals as the foundation for transforming mental health care in America, including the goal that disparities in mental health services are eliminated.

- Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Institute of Medicine of the National Academies
  http://iom.nationalacademies.org/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx
  - This 2002 report found that a consistent body of research demonstrates significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable. The report contains recommendations for reducing racial and ethnic disparities in health care including increasing awareness about disparities among the general public, health care providers, insurance companies, and policy-makers.

- Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations. Andrulis DP, Siddiqui NJ, Purtle, JP, and Duchon L. July 2010. Supported and released by the Joint Center for Political and Economic Studies. http://jointcenter.org/sites/default/files/Patient%20Protection%20and%20Affordable%20Care%20Act.pdf
    - This report provides a comprehensive review of general and specific ACA provisions with the potential to significantly improve health and health care for millions of diverse populations and their communities. The narrative identifies these provisions, discusses why they are important, and considers challenges in implementing them.